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## UNITED STATES DISTRICT COURT

Print Form

WESTERN DISTRICT OF OKLAHOMA

FILED

Plaintiff/Petitiv.	SEP 14 2022  CARMELITA REEDER SHINN, CLERK U.S. DIST. COURT, WESTERN DIST. OKLA. BY
and suppo	APPLICATION FOR LEAVE TO PROCEED IN FORMA PAUPERIS orting affidavit (pursuant to 28 U.S.C. § 1915 and 28 U.S.C. § 1746 for prisoner cases)
I hereby	apply for leave to: (check one)
	Commence this action for habeas corpus relief.
R	Commence this action for civil rights relief.
without	prepayment of fees and costs or giving security therefor.
In suppo	ort of my application, I answer the following questions under penalty of perjury:
1.)	I am the party initiating said action and I believe that I am entitled to relief.
2.)	The nature of said action is: Civil Rights infractions
3.)	I am unable to prepay the costs of this action or give security therefor because of my poverty.
4.)	I have no assets or funds which could be used to prepay the fees or costs, except:

(Write "none" above if you have nothing; otherwise list your assets.)

SR/2013

and '	If the answer is "No," state the date of last employment and the amount of twages per month which you received:
With	in the past twelve months I have received money from the following source
(a)	Business, profession, or form of self-employment?
	□YES <b>X</b> NO
(b)	Rent payments, interest, or dividends?
	□YES <b>X</b> NO
(c)	Pensions, annuities, or life insurance payments?
	□YES XNO
(d)	Social security, Veterans Administration, disability pensions, workmen's
	compensation, or unemployment benefits?
<b>( )</b>	□YES XNO
(e)	Gifts or inheritances?
<b>(</b> 2	□YES XNO
(f)	Any other sources?
	XYES ☐NO  If the answer to any of the above is "Yes," describe each source of mone
state	the amount received from each during the past twelve months:
	ily + Friends For Food Hygiene, Clothing
	n cash, including funds in my prison/jail accounts, including any mandator cutional savings accounts:  ☑YES □NO
	If the answer is "Yes," state the total amount of cash owned:
	A second

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i	If the answer is "Yes," describe the property and state its approximate value:
9.)	The following is additional financial or other information regarding my ability to pay the costs of this action (for example, persons who are dependent on you for support):  **TO MY Daughter's Child Suffort**
and forwa	authorize the agency having custody of me to collect from my prison/jail account(s) and to the Clerk of the United States District Court payments assessed by the Court in ce with 28 U.S.C. § 1915.
me to per	and that a false statement or answer to any question in this declaration could subject nalties of perjury and/or may result in the dismissal of all my claims pursuant to 4. § 1915(e)(2)(a).
Executed at(	Canadian County Octention Center on 9-6-22 (Location) (Date)
	Gentle (Signature)
	REQUIRED CERTIFICATION
statement (or i of this action.) institutional eq	TTACH to this application and affidavit a certified copy of your institutional account institutional equivalent) for the six-month period immediately preceding the filing You must obtain the certified copy of your institutional account statement (or quivalent) from the appropriate official of each penal institution or jail at which you onfined during the six-month period immediately preceding the filing of this action.
	STATEMENT OF INSTITUTIONAL ACCOUNTS
certify that	prisoner) had \$ 19.13 in his/her institutional account(s). I further at the average monthly deposits to the prisoner's accounts for the six-month period and on next page)

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immediately preceding the filing of this action was: $\$81.17$ x 20% = $\$16.33$ .
The average monthly balance in the prisoner's account(s) for the six-month period
immediately preceding the filing of this action was: $\frac{11.47}{20\%} \times 20\% = \frac{2.29}{20\%}$ .
I further certify that the above referenced amounts were calculated pursuant to the prisoner's
institutional account(s) a copy of which is attached hereto.

(Authorized Prison Official)

(Sar) Serseant

(Title)